

19 Staniford Street, Second Floor Boston, MA 02114 Phone: 617-626-5409

Fax: 617-626-5427

Wage Amendment Sheet

From				
		Company		
Address				
Effective as of		Trade		
Wage Scale: Period	(Hours, months, years))		
RATIO			Number - Period	
This is to be express MININMUM WAGE		But in NO EVENT SHA	LL APPRENTICES BE PAI	D LESS THAN
1st	3rd	5th	7th	9th
2nd		6th	8th	10 th
HOWEVER ON PUBI		CTION PROJECTS PREVA		
Minimum journeyperson's wage rate as of		\$_ Date	per hour	
Hours per day		Hours per week	Amount Premium rate	
	persons accordance with M.G.L	Potential num c.23, ss. 11E-11L.)		
Signature of Pro	ogram Sponsor/Person	m	Date	
Field Approval				
	Complianc		Date	
	Director/Division of		Nata	